



Thiazolidinediones (TZDs) Prior Authorization Criteria for the TRICARE Pharmacy (TPHARM) Program

Background

The thiazolidinediones (TZDs) includes pioglitazone agents (Actos, Actos plus Met, Duetact) and rosiglitazone agents (Avandia, Avandamet, and Avandaryl); and are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes melitis in multiple clinical settings. Thiazolidinediones (TZDs) exert their antihyperglycemic effect only in the presence of endogenous insulin. Therefore TZDs should not be used to treat type 1 diabetes or diabetic ketoacidosis, as they would not be effective in these settings.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee. These criteria have an automated component, based on review of prescriptions filled using the DoD pharmacy benefit at retail network pharmacies, military treatment facilities, or the Mail Order Pharmacy.

Prior Authorization Criteria for Thiazolidinediones (TZDs)

Coverage is approved if the patient has a diagnosis of type 2 diabetes mellitus AND meets one of the following criteria:

1. Has not achieved adequate glycemic control on at least ONE of the following
 - metformin (alone or in combination)
 - a sulfonylurea (alone or in combination)
2. Has experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or a history of lactic acidosis.
3. Has experienced the following adverse event while receiving a sulfonylurea: hypoglycemia requiring medical treatment.
4. Has a contraindication to BOTH meformin and a sulfonylurea.

Automated review is performed based on oral antidiabetic prescriptions, and prior metformin or sulfonylurea prescriptions, dispensed during the previous 180 days at a Military Treatment Facility (MTF), a retail network pharmacy, or the mail order pharmacy.

Criteria approved through the DoD P&T Committee process November 2010

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